



A Public Service Agency

## APPLICATION FOR SPECIAL EQUIPMENT IDENTIFICATION PLATE

Mail application to:

Department of Motor Vehicles  
P. O. Box 942869  
Sacramento, CA 94269-0001

All applicants must complete **Sections A, B, C, D, and H**. In addition, applicants must complete **Section E** to apply for **duplicate or substitute** requests. For **original or transfer** applications, attach a **photograph**, not larger than 4 1/2 by 4 3/4 inches showing complete vehicle and complete **Sections F and G**.

### A. APPLICATION IS FOR

**Please check (✓) box to indicate type of request:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Original Application for ID Plate | <input type="checkbox"/> Renewal of ID Plate | <input type="checkbox"/> Substitute Sticker  |
| <input type="checkbox"/> Transfer of ID Plated Vehicle     | <input type="checkbox"/> Duplicate ID Card   | <input type="checkbox"/> Substitute ID Plate |

### B. TYPE OF SPECIAL EQUIPMENT

**Check (✓) appropriate box to indicate type of vehicle or special equipment:**

- |   |  |
|---|--|
| <input type="checkbox"/> Special Mobile Equipment (VC §575) | <input type="checkbox"/> Special Construction Equipment (VC §§565 and 570) |
| <input type="checkbox"/> Cemetery Equipment (VC §4012)      | <input type="checkbox"/> Implement of Husbandry (VC §§36000-36109)         |
| <input type="checkbox"/> Logging Equipment (VC §379)        | <input type="checkbox"/> Farm Vehicle (VC §§36000-36109)                   |
| <input type="checkbox"/> Tow Dolly (VC §617)                |  |

### C. VEHICLE OR SPECIAL EQUIPMENT INFORMATION

VEHICLE/PRODUCT IDENTIFICATION NUMBER (VIN/PIN)			MAKE	SE ID PLATE NUMBER
YR MODEL	BODY TYPE	MOTIVE POWER (FUEL)	NUMBER OF AXLES	EST UNLADEN WEIGHT

### D. APPLICANT INFORMATION (Print true full name or business name)

LAST NAME OR BUSINESS NAME		FIRST NAME	MIDDLE NAME	CALIFORNIA DL OR CA NUMBER
LAST NAME		FIRST NAME	MIDDLE NAME	CALIFORNIA DL OR CA NUMBER
BUSINESS OR RESIDENCE ADDRESS			CITY	STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY	STATE ZIP CODE

### E. FOR SUBSTITUTE OR DUPLICATE

The SE Plate and/or sticker or identification card has been:

- ☐ Lost/Stolen   ☐ Not Received   ☐ Destroyed/Mutilated   ☐ Other (explain)

**ORIGINALS AND TRANSFERS MUST COMPLETE THE REVERSE**

## F. FOR ORIGINAL OR TRANSFER

If the vehicle has previously been issued California registration, the vehicle license plate(s) must be surrendered to the Department of Motor Vehicles.

The vehicle/equipment must meet all applicable requirements and provisions contained in one of the following California Vehicle Code §§379, 565, 575, 617, 4012, 5011, 5014, 36000, 36005, 36010, 360011, 36015, 36016, 36101, 36102, 36105, or 36109. **Farm trailer gross vehicle weight (GVW) cannot exceed 10,000 lbs.** (VC §36109). Gross vehicle weight (GVW) is the weight of the vehicle (i.e., trailer) and the load.

1. Attach a photograph, not larger than 4 1/2 by 4 3/4 inches showing complete vehicle.
2. The Statement of Facts (Section G) below must be completed stating:
  - 1) equipment type,
  - 2) who will be operating the equipment (i.e., farmer, employee, etc.)
  - 3) how the equipment will be used, and
  - 4) if applicable,
    - a) the type of cargo to be carried,
    - b) the mileage the vehicle will travel from point of origin and return, and
    - c) the load carrying capacity of the equipment as specified in the California Vehicle Code.

Special Equipment plates are issued based on the information contained in this application. If the vehicle/equipment is designed **OR** operated other than specified, it is subject to citation by law enforcement, cancellation of plate(s) and ID card, and the appropriate fees and penalties will be due.

## G. STATEMENT OF FACTS

ODOMETER	MILEAGE (TO BE OPERATED UPON HIGHWAY) <input type="checkbox"/> One Way <input type="checkbox"/> Round Trip	GROSS VEHICLE WEIGHT (GVW)
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IF DESCRIPTION **AND** USE OF VEHICLE ARE NOT FULLY EXPLAINED, YOUR APPLICATION MAY BE REJECTED

## H. CERTIFICATION AND SIGNATURE

***I certify under penalty of perjury under the laws of the State of California that the information entered by me on this document is true and correct.***

DATE	SIGNATURE <b>X</b>	PRINTED NAME	DAYTIME TELEPHONE NUMBER (    )
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